

Authorization to Give Medication at School

*HARALSON COUNTY SCHOOL DISTRICT RESERVES THE RIGHT TO SEEK EMERGENCY MEDICAL TREATMENT FOR ANY STUDENT WHEN DEEMED NECESSARY AND APPROPRIATE. THE PARENT/GUARDIAN IS RESPONSIBLE FOR ALL EXPENSES.

If medication can be given at home before or after school hours, please do so. However, if medication must be given during school hours, this form **MUST BE COMPLETED**.

Student Name:			
School:	Grade:	Homeroom Teach	ner:
		ity School District, throu . I understand the follow	ugh the principal or designee, supervise/assist in the wing:
ORIGINAL CAN PRO I WILL NOT THE SCHOOL. I (PARENT/ AND RELAT IT WILL BE CHANGES. NEW MEDI IF NOT PICH DISCONTIN I (PARENT/ UNDER "CONTR	L LABELED CONTAINED LEGAL GUARDIAN POPULAR AN EXTRA LEGAL GUARDIAN POPULAR AND	AINER (NO BAGGIES LABELED CONTAINE PRESCRIPTION IF IT INCL SEND WHAT HE/SHE WE MUST PROVIDE SPECIFIED THE SCHOOL. GUARDIAN) RESPONSI POSES WILL NOT BE GIVE EDICATION WILL BE DIS TANCES SHOULD CATION THEMSE TASSUME ANY LIABILIT	LUDES DOSAGES TO BE ADMINISTERED OUTSIDE WILL NEED TO HAVE ADMINISTERED WHILE AT IC INSTRUCTIONS, AS WELL AS THE MEDICATION IBILITY TO INFORM THE SCHOOL OF ANY IS COMPLETED. SPOSED OF WITHIN 7 DAYS AFTER BEING INTROLLED" MEDICATION TO THE SCHOOL. A STUDENT TRANSPORT A
Medication:			
Dosage:	Rout	te:	Time:
PARENT/GUARDIAN PRESCRIPTION.	I SIGNATURE IS REQ	UIRED FOR ALL MEDICA	ATIONS, BOTH PRESCRIBED AND NON-
Parent Signature:			Date:

Physician Signature: ______ Date: _____